

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS **163** State Index No. **1066**  
**ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. **397**  
Local Registrar's No. \_\_\_\_\_

PLACE OF BIRTH  
County of Globe  
District of Globe  
Town of Globe  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD Emily Sturgeon Barrett { Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child Female Twin, Triplet or other \_\_\_\_\_ } and { Number in order of birth \_\_\_\_\_ } Legitimate \_\_\_\_\_ Date of Birth Dec 2 1916  
(Month) (Day) (Yr.)

**FATHER**  
Full Name Frederick Barrett  
Residence South E. St.  
Color or Race White Age at last Birthday 28 (Years)  
Birthplace Bodmin Cornwall Eng  
Occupation Chauffeur

**MOTHER**  
Full Maiden Name Emily May Crampton  
Residence Same  
Color or Race White Age at last Birthday 24 (Years)  
Birthplace Globe Arizona  
Occupation Housewife

Number of child of this mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 2 1916 at 1039 M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. Sturgeon  
(Attending physician, midwife, householder)

Given or Christian name added from a supplemental report \_\_\_\_\_ 1916

Address \_\_\_\_\_

Filed Dec 7 1916

B. S. Fox  
LOCAL REGISTRAR.

523-1202-535  
COUNTY REGISTRAR.

Filed Jan 6 1917 A True Copy

B. S. Fox W.D.  
COUNTY REGISTRAR.

RECEIVED WITHIN 3 DAYS AFTER BIRTH.